


2005
**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90220 014 ***150.00

DOCUMENT # P98000045596	
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1. Entity Name

CYPRESS COMMERCIAL, INC.

Principal Place of Business

1016 GRAND ISLE DRIVE
 NAPLES FL 34108
 US

Mailing Address

5372 STRAND COURT
 STE 1
 NAPLES FL 34110
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3515819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLFES, RICHARD J
 1016 GRAND ISLE DRIVE
 NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROLFES, RICHARD	
STREET ADDRESS	1016 GRAND ISLE DRIVE	
CITY-ST- ZIP	NAPLES FL 34108	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROLFES, RICHARD	
STREET ADDRESS	1016 GRAND ISLE DRIVE	
CITY-ST- ZIP	NAPLES FL 34108	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND COURT #1	
CITY-ST- ZIP	NAPLES FL 34110	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ROLFES, HEIDI L	
STREET ADDRESS	1016 GRAND ISLE DRIVE	
CITY-ST- ZIP	NAPLES FL 34108	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

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NAME		
STREET ADDRESS		
CITY-ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 239 26 9 3671